Approved for use though 1/11/2004 ONB 061-0032 PTOYSBOOK 204) U.S. Petent and Trademert Office; U.S. DEPARTMENT OR COME RCE

Under the Paperson Reduction Act of 1995, no periods are required to respond to a splitstion of historical substance a valid CMB control or source RCE opligation or Docket Number Substitute for Form PTO-878 . Effective December 8. 2004 APPLICATION AS FILED - PARTI. (Column 1) OTHER THAN SMALL ENTITY (Coinin 2) OR SMALL ENTITY FOR HULLBER FLED HUMBER EKIRA BASIOFE BATE (SI FEEN HVA MICIA I IGH IN WELL FEUS N/A NVA 150.00 BELACHFEE NIA 300.00 (37 OFR I 16H) H. or [W] NA . NIA HVA \$250. EXAMINATION FEE HIA \$600 : NA (37 CFR 1 16(4), 10), or 10) NA HUL \$100 TOTAL GLAIMS DI GER 1160) \$200 minus 20 . X\$ 25 HOSPENDENT QUAIMS X\$50 OR (37 CFR 1 16(N) X100 menue 5 X200 00) becake spriverbibne nothconiced and it APPLICATION SIZE sheets of paper, the application size fee due ts \$260 (\$128 for small entity) for each THE CER ! I SHUT additional 50 theets or traction thereof. See 35 U.S.O. 41(4)(1)(G) and 37 CFR 1;16(4) MULTIPLE DEPENDENT CLAIM PRESENT OF CFR I 1641 4160= 4360s * If the difference in column 1 is less than 2 ero, and er "O" in column 2. TOTAL TOTAL APPUCATION AS AMENDED - PART (((Columa 1) (Column 2) OTHER THAN (Column 1): OR SMALL ENTITY CLXIMS REMAINING HIGHEST NUMBER PRESENT AFTER MENOMENT RATE (1) ADDI-PREVIOUSLY RATE(\$) FEE (1) ADO: PAID FOR AT CHA L THE Minus 3 Ø e e e X\$ 25 protection X\$50 OR AMER X100 X200 Application Size F4e (37 CFR 1.16(s)) OΩ FRST PRESENTATION OF MLATIPLE DEPENDENT CLAUM (\$17 CFR 1.140) +180= 4360a OR TOTAL TOTAL ADO'L FEE Oft ADO'L FEE (Columna 2) (Column 3) CLAIMS REMARKING HOHEST NUMBER PRESENT RATE (1) ADDI-TIOKAL AFTER. PREVIOUSLY EXTRA RATE (\$) ADDI-MENDMENT PAID FOR TIONAL FEE (H) COLLIN Mirus FEE-(t) d X\$ 25 X\$50 HITCH LIGHT OR Minus X100 Application size fee (97 CFR 1.160)) X200. OR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (AT CFR 1.160) +180a 4360z OR TOTAL If the entry in polumn 1 is best than the entry in column 2, write "O' in column 3.

If the entry in polumn 1 is best than the entry in column 2, write "O' in column 3.

If the Highest Number Previously Paid For the THE SPACE is less than 2, enter "O'.

The Highest Number Revolusly Paid For (Total or Independent is the Indirect number found in the entropolate box in column 1.

The Highest Number Revolusly Paid For (Total or Independent is the Indirect number found in the entropolate box in column 1.

E collection of Information is required by 37 CFH 1.16. The information is required to obtain a benefit by the public which is to the (and by the Public North is to the Indirect of the Indirect of the Indirect of Indirect of Indirect of Indirect of Complete application from 1.14. This collection is estimated to take 12 minutes to complete the another of the Indirect of Indirect of Complete Indirect of Indirect of Complete Indirect of Indirect Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450. DO NOT SENO FEES OR COMPLETED FORMS TO THIS ORIES. SENO TO: Opmanissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460. ADD'L FEE

If you need assistance in completing the form, call 1.800: PTO-9189 and asked option 2.